

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/17/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRI-STATE HOME HEALTH &amp; EQUIPMENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6210 A CHILLUM PLACE, NW WASHINGTON, DC 20011</b>		
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted at your agency on May 11, 2010 through May 17, 2010, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of twenty (20) clinical records based on a census of 197 patients, three (3) discharge clinical records, twenty-six (26) personnel files based on a census of 263 employees, and five (5) home visits. The deficiencies cited during this survey were based on interviews conducted with patients, agency staff and review of patient medical records, employee records and administrative records.</p>	H 000	<p><i>Received 8/2/10</i></p> <p><b>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</b></p>	
H 120	<p><b>3906.1(a) CONTRACTOR AGREEMENTS</b></p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(a) A description of the services to be provided;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to provide a description of services to be provided on it's "Contractual Agreement".</p> <p>The finding includes:</p> <p>A review of four (4) "Sub-Contractor Services Contracts" furnished to the Department on Health, post survey, on May 28, 2010, at approximately 2:00 p.m., revealed the following:</p>	H 120	<p><b>H 120 &amp; H 121</b></p> <p>The contractors' agreements were revised to include: (a) a description of the services to be provided,,</p> <p>(b) The location where the services are to be provided.</p> <p>A copy of the revised contract is attached. Going forward the Administrator of Tri-State shall be responsible to ensure that this deficiency does not recur.</p>	

Health Regulation Administration

*[Signature]*

LABDRATORY DIRECTDR'S DR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Administrator*

*7/30/10*

(X6) DATE

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H 120	Continued From page 1  The agency sub-contracted services with Vizion One, Bilow Mega Care, Devoted Home Health Care and Dedicated, were to provide Home Health Aide and Personal Care Aide services. The form failed to disclose the location in which the services were to be provided or a description of the services to be provided for four (4) of four (4) contracts reviewed.	H 120			
H 121	3906.1(b) CONTRACTOR AGREEMENTS  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (b) The location where services are to be provided;  This Statute is not met as evidenced by:  Based on a contract review, it was determined that the agency failed to include the location where services are to be provide in it's "Contractual Agreement".  The findings include:  A review of four (4) "Sub-Contractor Services Contract" furnished to the Department on Health, on May 28, 2010 at approximately 2:00 p.m. revealed the following:  The agency sub-contracted services with Vizion One, Bilow Mega Care, Devoted Home Health Care and Dedicated, were to provide Home Health Aide and Personal Care Aide services.	H 121			

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H 121	Continued From page 2  The form failed to disclose the location in which the services were to be provided for four (4) of four (4) contracts reviewed.	H 121			
H 149	3907.2(e) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (e) Health certification as required by section 3907.6;  <del>This State is not yet an evidenced law.</del> Based on a review of the Home Care Agency's (HCA) personnel records and interview, the HCA's Director of Nursing failed to ensure one (1) of twenty-six (26) employees included in the sample had current health certifications. (Employee #10)  The findings include:  Review of the HCA's personnel records on May 11, 2010, beginning at 9:00 a.m., revealed Employee #10's personnel records failed to evidence a Health Certificate.  During the face-to-face interview on May 11, 2010, at approximately 2:55 p.m., with the Director of Nursing, it was verified that Staff #10's personnel records failed to evidence a Health Certificate.	H 149	<b>H149</b>  At the time of the survey, employee #10 did have evidence of a health certificate in the employee's personnel file (copy attached).		
H 150	3907.2(f) PERSONNEL  Each home care agency shall maintain accurate	H 150			

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H 150	<p>Continued From page 3</p> <p>personnel records, which shall include the following information:</p> <p>(f) Verification of previous employment;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of verification of previous employment for two (2) Home Health Aides (HHAs) two (2) Lisenced Practical Nurses (LPN) and three Registered Nurses (RN) of twenty-six (26) employee records included in the sample.</p> <p>The findings include:</p> <p>Review of the employee records on May 12, 2010, approximately between 2:30 p.m., and 2:40 p.m., revealed the following records failed to have evidence of verification of previous employment: HHAs #8 and # 9#, LPNs #17 and #18 and RNs #23, #25 and #26.</p> <p>During a face to face interview with Director of Nursing (DDN) on May 12, 2010, at approximately 3:30 p.m., verified the lack of documentation.</p> <p>At the time of survey, there was no documented evidence of the verification of previous employment in the aforementioned employees personnel records.</p>	H 150	<p><b>H150</b></p> <p>Following the survey all personnel files were checked and the personnel were requested to produce documentation of verification of previous employment. This was done and the identified personnel files are now corrected. Going forward, the personnel clerk and Administrator shall ensure that no employee shall commence work until all requirements are met in their personnel file. The personnel clerk and Administrator shall be responsible to ensure that this deficiency does not recur.</p>	5/25/10	
H 156	<p>3907.2(i) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the</p>	H 156			

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H 156	Continued From page 4 following information:  (I) Results of any competency testing;  This Statute is not met as evidenced by: Based on record reviews and interview, the agency failed to include the results of competency testing for two (2) of twenty-six (26) employees in the sample. (Employee (HHA) #1 and #16)  The finding includes:  On May 11, 2010, at approximately 9:30 a.m., review of employees #1 and #16's personnel records revealed there were no results of competency tests located in the files. Interview with the Director of Nursing on May 11, 2010, at approximately 9:15 a.m., acknowledged the findings.	H 156	<b>H156</b>  Following the survey employees #1 and 16 were given the competency test, passed the test and the results were placed in the employees files. Going forward the personnel clerk was instructed that no employee should be assigned to a patient if the personnel file is not complete. The Administrator and personnel clerk shall be responsible to ensure that this deficiency does not recur.	5/25/10	
H 159	<b>3907.3 PERSONNEL</b>  Each home care agency shall comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequent amendments thereto, D.C. Official Code § 44-551 et seq.  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequently amendments thereto, D.C. Official Code 44-551 et seq. for two (2) of (26) home	H 159			

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H 159	<p>Continued From page 5</p> <p>health aides. (HHAs #8 and #9)</p> <p>The findings include:</p> <p>1. A review of HHA #8's record on May 12, 2010, at 3:00 p.m., revealed a criminal background check from the District of Columbia only.</p> <p>During a face to face interview with the Director of Nursing on May 12, 2010 at approximately 3:30 p.m., he acknowledged the finding.</p> <p>2. A review of HHA #9's record on May 12, 2010, at 3:10 p.m., revealed a criminal background check from the District of Columbia only.</p> <p>During a face to face interview with the Director of Nursing on May 12, 2010 at approximately 3:30 p.m., he acknowledged the finding.</p>	H 159	<p><b>H159</b></p> <p>Post survey review of HHA's #8 &amp; 9 Personnel files revealed that the personnel files contained a criminal background check from the District of Columbia Metropolitan Police Department which covered a period of 10 years of the employees' history. A follow up call to DOH Licensure Department confirmed the staff's position. TriState will contact Global Security Services to enter into an agreement for Criminal Background Checks for all future employees thereby obtaining a National Background Check</p>	8/6/10	
H 260	<p>3911.1 CLINICAL RECORDS</p> <p>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p> <p>This ELEMENT is not met as evidenced by: Based on interviews and record reviews, it was determined that the agency failed to maintain accurate clinical records for one (1) of twenty-three (23) patients included in the sample. (Patient #1)</p> <p>The findings include:</p> <p>1. The HCA failed to maintain Patient #1's</p>	H 260			

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H 260	<p>Continued From page 6</p> <p>medical record as evidenced by the lack of current medical diagnosis.</p> <p>Review of Patient #1's POC dated April 16, 2010 through June 14, 2010, on May 11, 2010, at approximately 1:30 p.m., revealed the following diagnosis: uncontrolled diabetes mellitus and asthma. During the home visit conducted on May 17, 2010, Patient #1's sister disclosed that Patient #1 had an ulcer on her left heel. Patient #1's sister further disclosed that the wound was being cleaned with a wound cleaner and treated with Silvadene cream. It was noted at the time of the visit, that Patient #1 was hospitalized over the past weekend for fever and that a blister had formed on the side of her foot.</p> <p>2. The HCA failed to maintain Patient #1's medical record as evidenced by the omission of Lantus insulin on the POC.</p> <p>Review of Patient #1's POC dated April 16, 2010 through June 14, 2010, on May 11, 2010, at approximately 1:30 p.m., revealed the following medications: Hexavitamin, Novolog (insulin), Plavix, Neurontin, Aspirin, Zocor, Keppra, and Tylenol #3. During the home visit conducted on May 17, 2010, Patient #1's sister disclosed to the surveyor that the patient was prescribed two different types of insulin. Patient #1's sister showed the surveyors two insulin vials that included Novolog and Lantus insulin.</p> <p>In a face-to-face interview with the HCA's Director of Nursing, on May 17, 2010 at approximately 2:00 p.m., he acknowledged the omission of the Lantus insulin from the POC.</p> <p>3. The HCA failed to ensure that the nursing staff documented the status of wounds as evidenced</p>	H 260	<p><b>H260</b></p> <p>A review of the records during the survey identified the error.</p> <p>The errors identified during the survey in the Plan of Care (POC) were immediately corrected, the Physician was contacted and a copy of the corrected POC was faxed to physician, was signed and returned to the agency. This corrected POC was presented to the surveyors prior to the conclusion of the survey. The RN that admitted the patient was in-serviced on the importance of obtaining accurate information on the patient during admission and on the importance of accurate clinical documentation.</p> <p>Going forward, an in-service shall be conducted with all nurses regarding accuracy of clinical documentation with emphasis on obtaining medications accurately.</p> <p>Quarterly review of 10% of clinical records by the Quality Assurance Committee will ensure that the process continues. The Administrator will ensure compliance by supervision and will ensure that this deficiency does not recur.</p>	8/6/10	

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H 260	Continued From page 7  by the following:  During the home visit conducted on May 17, 2010, Patient #1's sister stated that the patient had an ulcer on her left heel. Review of the nursing notes on May 17, 2010, at approximately 12:30 p.m. revealed the nursing staff failed to document the stage of the wound, the size of the wound, if there was any drainage or necrotic tissue noted, etc.  In a face-to-face interview with the Director of Nursing on May 17, 2010 at approximately 3:00 p.m. he confirmed the findings.	H 260			
H 351	<b>3914.2 PATIENT PLAN OF CARE</b>  The plan of care shall be approved by the patient's physician.  <del>This Statute is not met as evidenced by:</del> Based on interview and record review, the Home Care Agency (HCA) failed to insure that the Plan of Care (POC) was approved by the physician as for fifteen (15) of twenty-three (23) patients. (Patients #4, #5, #6, #7, #9, #10, #11, #12, #14, #15, #16, #17, #18, #19, and #20)  The finding includes:  Review of patient records on beginning May 12, 2010, through May 13, 2010, revealed that the plan of care had not been approved for the aforementioned patients. Interview with the Director of Nursing and the Administrator on May 11, 2010, revealed that the HCA was in the process of automating its patient record system and was in the process of obtaining signed POC from the physician. However at the time of the	H 351	<b>H351</b>  The plans of care in this citation were sent to the Primary Care Physicians (PCP) for signatures and approval of the plan and the agency was awaiting the physician response. The Plans of Care were received and were placed in the patients charts.  Going forward, the Director of Nursing and data entry clerk shall be responsible to ensure that Plans of Care are sent and received within the 30 days allowed and shall ensure that this deficiency does not recur.	5/31/10	



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H 351	Continued From page 8  survey, the aforementioned patient records failed to have signed POC's as required.	H 351			
H 355	3914.3(d) PATIENT PLAN OF CARE  The plan of care shall include the following:  (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;  Based on record review and interview, it was determined that the agency failed to document on the Plan of Care (POC) for one (1) of twenty-three (23) patient's, a description of the services to be provided, including: the frequency, amount and expected duration. (Patient #1)  The findings include:  During a home visit conducted on May 17, 2010, at approximately 9:15 a.m., Patient #1's sister indicated that the patient had an ulcer on her left heel. The wound required dressing changes two (2) times per day. The wound was cleansed with a "wound cleaner" and dressed with Sivadine Cream and covered with a 4X4 dressing.  Review of Patient #1's POC dated April 16, 2010 through June 14, 2010, on May 11, 2010, at approximately 1:30 p.m., failed to have documentation regarding the care of Patient #1's wound.  In a face-to-face interview with the Director of	H 355	H355  A review of the records during the survey identified the error.  The errors identified during the survey in the Plan of Care (POC) were immediately corrected, the Physician was contacted and a copy of the corrected POC was faxed to physician, was signed and returned to the agency. This corrected POC was presented to the surveyors prior to the conclusion of the survey. The RN that admitted the patient was in-serviced on the importance of obtaining accurate information on the patient during admission and on the importance of accurate clinical documentation.  Going forward, an in-service shall be conducted with all nurses regarding accuracy of clinical documentation with emphasis on obtaining medications accurately.  Quarterly review of 10% of clinical records by the Quality Assurance Committee will ensure that the process continues. The Administrator will ensure compliance by supervision and will ensure that this deficiency does not recur.	8/6/10	

Health Regulation Administration  
STATE FORM

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H 358	Continued From page 10	H 358		
H 414	<p>During a face to face interview with the HCA's Director of Nursing on May 17, 2010, at approximately 2:00 p.m., he acknowledged the above findings.</p> <p><b>3915.11(i) HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>Home health aide duties may include the following:</p> <p>(i) Tasks related to keeping the patient's living area in a condition that promotes the patient's health and comfort;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observation, interview and record review, the Home Health Agency failed to ensure its Home Health Aides (HHA) maintained patients living area in a condition that promoted health and comfort for one of five patients included in the home visits. (Patient #3)</p> <p>The finding includes:</p> <p>During the home visit of Patient #1 on May 14, 2010, at approximately 12:13 p.m., she was observed lying in her bed in her bedroom. Interview with her son and niece at approximately 12:30 p.m., revealed that the HHA gets Patient #3's food, washes her clothes, cleans the room, and changes the patient when she is soiled. Observations of Patient #1's bedroom revealed the bedroom door had dark smudge marks over the entire surface, the dresser and dresser mirror was very dusty.</p> <p>Review of the Plan of Care (POC) dated February</p>	H 414	<p><b>H144</b></p> <p>A post survey investigation confirmed the surveyors' findings.</p> <p>The primary task of a Personal Care Aide is to provide personal care to the patient and keeping the patient's immediate surroundings clean. The patient lives with family members who are responsible for household tasks. It must be noted that household tasks such as scrubbing smudge from doors in the patient's home when other family members live in the household should be the responsibility of the family members living in the household and such services are considered "Chore" services. However, the aide was called and in-serviced her duties. Going forward, an in-service shall be conducted during the PCA quarterly in-service to stress the responsibility of keeping the patient's "immediate" surroundings clean. Additionally, the PCA's will be instructed to identify and request for "CHORE SERVICES" when needed. The Director of Nursing Services shall be responsible to ensure that this deficiency does not recur. Monthly supervisory visits by RN's will ensure this process stays in place.</p>	8/12/10

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H 414	Continued From page 11  25,2010 through August 23, 2010 revealed the duties of the HHA included light housekeeping and dusting. During a face-to-face interview with the Director of Nursing on May 17, 2010, at approximately 11:30 a.m. he acknowledged the deficient practice of the HHA.	H 414			